



## **Town of Riverhead Building Department**

**201 Howell Avenue, Riverhead, New York 11901**

(631) 727-3200 Ext. 213, 268, 283

Fax: 631-208-8039

www.riverheadli.com

Sharon E. Klos  
*Building Permits Coordinator*

Richard P. Podlas  
*Inspector*

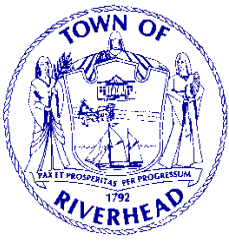
Richard E. Gadzinski  
*Electrical Inspector*

Jack Wherry  
*Inspector*

Mark Griffin  
*Inspector*

### ***Requirements for Bulkheading Permit***

1. Two (2) page Building Permit Application to be completely filled out (signed and notarized);
2. Disclosure Affidavit (signed and notarized);
3. Electrical Application (signed and notarized);
4. Three (3) surveys showing location of project on premises;
5. Two (2) sets of construction plans of the proposed bulk heading, signed or sealed plans may be required;
6. D.E.C. Permits shall be required for any construction activity within the regulated area of 300 ft. prior to the issuance of a Town of Riverhead Building Department permit;
7. Chapter 12 (CZM) Permits shall be required for any construction activity within the regulated area of 50 ft. from the bluff line seaward, prior to the issuance of a Town of Riverhead Building Department permit;
8. Conservation Advisory Committee approval is required for any construction activity within the regulated area of 150 ft adjacent to the Peconic Bay, any wetlands, creeks, or Creek Road, Wading River;
8. Proof of insurance for contractor: liability, worker's compensation and NYS disability. The Town of Riverhead is to be listed as certificate holder.
9. Application fee is \$100;
10. Processing of application begins when fee is paid.



# APPLICATION FOR BUILDING & ZONING PERMIT

201 Howell Avenue, Riverhead, New York 11901  
631-727-3200 ext. 213, 268 and 283 Fax: 208-8039

[www.riverheadli.com](http://www.riverheadli.com)

Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ApplicationNo. \_\_\_\_\_ Date \_\_\_\_\_ PermitNo. \_\_\_\_\_ Receipt \_\_\_\_\_

Approved by \_\_\_\_\_ Zoning District \_\_\_\_\_ Building Fee \$ \_\_\_\_\_ Electrical Fee \$ \_\_\_\_\_

All information below to be filled out by applicant. A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. This application is to be submitted accompanied by building plans drawn to scale in duplicate, showing elevations, floor plans, run and size of joists, rafters, girders, details of footings and foundation, schematic of plumbing and electrical layouts and grade and species of lumber and quality of all material where applicable.

## THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

First Name Last Name Business Name

Mailing Address Town State Zip

Phone Contact Fax Email Address

## Property Location of Proposed Work

**CONTACT PERSON** (if different from owner) The person responsible for the supervision of the work insofar as the Building Code and the Zoning Ordinance apply is:

First Name Last Name

Mailing Address Town State Zip

Phone Contact Fax Email Address

- |   |   |
|---|---|
| <input type="checkbox"/> Residential - Estimated value of proposed construction \$ _____                      | <input type="checkbox"/> Deck                               |
| <input type="checkbox"/> Commercial - Estimated value of proposed construction \$ _____                       | <input type="checkbox"/> _____ Car Attached/Detached Garage |
| <input type="checkbox"/> Single Family Residence  | <input type="checkbox"/> New Commercial Structure           |
| <input type="checkbox"/> Manufactured/Modular Home  | <input type="checkbox"/> Bulkhead/ Dock                     |
| <input type="checkbox"/> Excavation/Land clearing: approx _____ cu.yds. removed                               | <input type="checkbox"/> Demolition                         |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Agricultural Worker Housing        |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Condominium                        |
| <input type="checkbox"/> Accessory Structure  | <input type="checkbox"/> Use Permit _____                   |
| <input type="checkbox"/> Swimming Pool<br>Pool Specifications (if applicable)                                 | <input type="checkbox"/> Miscellaneous _____                |
| <input type="checkbox"/> In ground <input type="checkbox"/> Above ground <input type="checkbox"/> Hot tub/spa | <input type="checkbox"/> Heater _____                       |
|   | Electric/Gas  |

# APPLICATION FOR BUILDING & ZONING PERMIT

Please describe project and/or special conditions:

**ZONING SPECIFICATIONS:** Fill in for new building, or addition to existing building or a change of occupancy. Indicate on the plot plan in triplicate, street names, the location and size of property, the location and setbacks of proposed buildings and existing buildings. Show proposed buildings in dotted lines and existing buildings in a solid line. All distances are measured from property line to nearest part of building. **All work must be in compliance with the New York State Building Code and Fire Prevention Code.**

Proposed building \_\_\_\_\_ sq. ft.

Second floor \_\_\_\_\_ sq. ft.

Proposed addition \_\_\_\_\_ sq. ft.

Garage \_\_\_\_\_ sq. ft.

Ground floor \_\_\_\_\_ sq. ft.

Height (from grade to ridge) \_\_\_\_\_ ft.

Number of bedrooms \_\_\_\_\_

Impervious surface \_\_\_\_\_ %

Electrician: \_\_\_\_\_ License# \_\_\_\_\_

Mailing Address	Town	State	Zip
Plumber: _____ License# _____			

Mailing Address	Town	State	Zip
Contractor: _____ License# _____			

Mailing Address	Town	State	Zip
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## AFFIDAVIT

Town of Riverhead)  
County of Suffolk) s.s.  
State of New York)

I swear that to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Ordinance, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner.

Sworn to be before this \_\_\_\_\_ day

of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_

Owner, Agent or Architect

\_\_\_\_\_  
Notary Public, Suffolk County, New York

**Read this document carefully.**  
**You may consult your attorney before completing.**

**Disclosure Affidavit**

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

I, \_\_\_\_\_ an applicant for the following  
relief: \_\_\_\_\_ and being duly sworn, deposes and says:

under the penalty of perjury and swear to the truth thereof.

That I understand that this affidavit is required by Section 809 of the General Municipal Law and that a  
knowing failure to provide true information is punishable as a misdemeanor. Being so warned, I state:

That \_\_\_\_\_ is a State Officer, is an officer or employee of Riverhead Town  
(Name of Relative)  
and:

☐ ***Check here if not applicable (i.e., you have no relative working for the Town of Riverhead.)  
and please sign below before a notary public.***

**That this person has an interest in the person, partnership or association requesting the above stated relief.**

That for the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant where  
he, his spouse, or their brothers, sisters, parents, children, grandchildren or the spouse of any of them.

- a. is an applicant,
- b. is an officer, director, partner or employee of the applicant,
- c. legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association, applicant, or
- d. is a party to an agreement with such an application, express or implied whereby he may receive any payment or other benefit, whether or not for services rendered, dependant or contingent upon the favorable approval of such application, petition or request.
- e. That ownership of less than five (5) per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchange shall not constitute an interest for the purpose of this section.

\_\_\_\_\_  
(Signature)

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# Town of Riverhead Building Department

ZB NO. \_\_\_\_\_

4 MONTH EXP. \_\_\_\_\_

12 MONTH EXP. \_\_\_\_\_

## INSPECTION & CERTIFICATE OF OCCUPANCY INFORMATION SHEET

An inspection must be made by the building department within four (4) months. Applicant must notify the building department for inspections. Construction must be completed and certificate of occupancy must be obtained within twelve (12) months.

The following inspections are required. **Three day notice for inspections is necessary.**

- 1<sup>st</sup> Inspection: Foundation before backfill (must be damp proofed where applicable). Footings for decks.
- 2<sup>nd</sup> Inspection: Under slab plumbing, perimeter insulation, and slab preparation before slab is poured.
- 3<sup>rd</sup> Inspection: Sill plates fastened to foundation.
- 4<sup>th</sup> Inspection: Strapping
- 5<sup>th</sup> Inspection: Sheathing
- 6<sup>th</sup> Inspection: Ice / weather shield protection.
- 7<sup>th</sup> Inspection: Framing before insulation is applied (includes rough wiring / plumbing) must have air & water test.
- 8<sup>th</sup> Inspection: Inspection of rough wiring by Town's electrical inspector.
- 9<sup>th</sup> Inspection: Insulation
- 10<sup>th</sup> Inspection: Sheetrock (fire rated) on both sides of garage walls, inside of house & inside of garage.
- 11<sup>th</sup> Inspection: The finished building / electrical inspections (ready for occupancy) all construction completed.

After the required inspections are made, a Certificate of Occupancy must be issued prior to occupying the subject building(s). The following documents are required to be submitted after all of the work is complete:

- ☐ Final Survey (by licensed surveyor) when applicable
- ☐ Electrical Inspectors final Certificate of compliance (issued by the Town of Riverhead Electrical Inspector)
- ☐ Suffolk County Health Department Approval (if required and/or necessary)
- ☐ Plumbers Affidavit of lead content (if required and/or necessary)
- ☐ Final Floor Affidavit
- ☐ Planning Department fees receipt, when required
- ☐ Final inspection and certificate of compliance by the Fire Marshal (when applicable)
- ☐ Approvals from Department of Environmental Conservation and Conservation Advisory Council when applicable, (i.e., when proposed construction is within 150 feet of the boundary of tidal waters, tidal wetlands, freshwater wetlands, natural drainage systems, or other watercourses)
- ☐ Dark Skies Compliance Acknowledgement, if applicable – Please review Outdoor Lighting Code, Chapter 108-246;

**The Certificate of Occupancy will be issued after a processing period of at least Seventy-two hours (72) from the time all of the required documents are submitted to this office.**

No building may be used or occupied in whole or in part, until a Certificate of Occupancy shall have been issued by the Building Inspector. (All new construction)

No building enlarged, extended or altered, or upon which work has been performed, which required a building permit, shall be occupied or used more than Thirty (30) days after completion, unless a Certificate of Occupancy shall have been issued by the Building Inspector. (All additions, alterations, etc.)

All debris created by land clearing and during construction must be removed from the property. No debris is to be used in backfill of footings and foundation or is to be buried.

**The owner/contractor is responsible for all drainage and flooding issues as provided by Section 52-6 (l) of the Town Code.**

***The person responsible for this site must call in for all inspections listed above.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LAWS OF NEW YORK, 1998

## CHAPTER 439

The **general municipal law** is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

### Implementing Section 125 of the General Municipal Law

#### 1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

#### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file Form BP-1.

◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:

- ◇ is performing all the work for which the building permit was issued him/herself,
- ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
- ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.

◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" Form BP-1, but shall either:

- ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), OR
- ◇ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit, provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

BP-1 (9-07) Reverse [www.wcb.state.ny.us](http://www.wcb.state.ny.us)

***Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

☐

I am performing all the work indicated on the building permit myself.

☐

I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work indicated on the building permit or helping me perform such work.

☐

I have homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours, for all workers, per week for the work indicated on the building permit.

I also agree to either;



acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on form approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, OR



have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

Property Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SCTM# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZB# \_\_\_\_\_ Receipt No. \_\_\_\_\_

## Application for Electrical Inspection

### Town of Riverhead

(631) 727-3200 EXT. 213, 268, 283

Fax (631) 208-8039

Owner of Property: \_\_\_\_\_ Phone No. \_\_\_\_\_

Property Mailing Address: \_\_\_\_\_

Location of Job: \_\_\_\_\_ Hamlet: \_\_\_\_\_

### Name of Contractor responsible for electrical installation:

Business Name in full: \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell #. \_\_\_\_\_ Phone # \_\_\_\_\_ Fax #. \_\_\_\_\_

State use of premises: ☐ Residential ☐ Commercial Nature of Work: \_\_\_\_\_

[ ] Exposed [ ] Concealed [ ] New [ ] Old Area of proposed construction in total square feet: \_\_\_\_\_

### Service Information:

Temp Requested ☐ Size of Mains: \_\_\_\_\_ Feeders: \_\_\_\_\_

Service Enters Building: ☐ Overhead ☐ Underground

Application fees are made payable to the Town of Riverhead Fee: \_\_\_\_\_ Type Code: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 52 of the Code of the Town of Riverhead.

STATE OF NEW YORK COUNTY OF SUFFOLK

\_\_\_\_\_ being duly sworn deposes and says that he/she is the applicant above named.

He/She is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_ 20 \_\_\_\_\_ Signature of Electrician \_\_\_\_\_

Notary Public \_\_\_\_\_

### For Office Use Only

Date:	Inspection	Remarks:



Town of Riverhead  
Building Department  
201 Howell Avenue  
Riverhead, NY 11901

Phone: 631-727-3200  
Ext. 213, 268 or 283  
Fax: 631-208-8039

**Dark Skies' Compliance Acknowledgement**  
Town of Riverhead Lighting Ordinance Chapter 108-246

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Property Address

Suffolk County Tax Map Number: 0600-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Permit No. ZB \_\_\_\_\_

I, \_\_\_\_\_, New York License # \_\_\_\_\_

☐ Electrician or ☐ Homeowner

doing business as \_\_\_\_\_  
Name of Business

residing (or doing business) at \_\_\_\_\_,

being duly sworn, depose and says that;

☐ I am the Electrician for the above referenced property; that I currently have a valid New York State Electrician's License; and

☐ I am the homeowner; and

That the Outdoor Lighting installation is complete, that said installation conforms to the provisions of Chapter 108-246 of the Riverhead Town Code and the National Electrical Code; and that I understand that the Town of Riverhead will rely on this sworn statement as a condition to issuing the Electrical Certificate of Compliance for the above described work:.

\_\_\_\_\_  
Town of Riverhead)  
County of Suffolk) ss.  
State of New York)

Signature: \_\_\_\_\_

False statements made herein are punishable as a class "A" misdemeanor pursuant to § 210.45 of the Penal Law, State of New York.

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public, Suffolk County, New York)